

Department of Children and Family Services Bureau CSW's Name, File no. – Last Name, Init.
of Operations

Regional Office Address

Regional Office City, California Zip Code County: Los Angeles

Text in **BLACK** automatically populates when the document is created in CWS/CMS.
Complete your document by referring to the sections in this document with **GREEN** text.

OUT OF HOME CARE INFORMATION

CHILD INFORMATION

<u>Child's Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>	<u>Social Security #</u>
Child A	00/00/0000	14 Y	F	000-00-0000

<u>Address</u>	<u>Telephone</u>
Confidential Address	

<u>Ethnicity</u>	<u>Religion</u>	<u>ICWA Eligibility</u>
Black*		Not Eligible

<u>Primary Language</u>	<u>Secondary Language</u>
English	

<u>Type Of Facility</u>	<u>Name Of Care Provider</u>
Group Home	Confidential Name

<u>School Name</u>	<u>School Address</u>	<u>Grade</u>
Name of School	Address of school	9
	City, State, Zip	

<u>Case Plan Goal</u>	<u>Case Id Number</u>	<u>Court Number</u>
Return Home	0000-0000-0000-0000000	CK00000

EDUCATION INFORMATION

Plan For Obtaining Missing Educational Records / Attempts To Acquire:

If you have been unable to obtain the child's educational records, document your efforts to do so here, including:

- **The date you submitted the DCFS1726 Request for School Report;**
- **Details of follow-up telephone calls and faxes;**
- **The results of any referrals to the DCFS Educational Consultant; and**
- **Results found in the Student Information Tracking System (SITS).**

If records have been obtained and are included in the court report and/or Health and Education Passport, write 'N/A.'

Educational Needs Specific to this Child:

Include details of the child's current or prior Independent Education Program, including their current educational designation, i.e. Special Learning Disability. State whether or not the child is currently receiving tutoring services and, if so, the contact information for the service provider.

Parent(s)/Guardian(s) Limitations, If Any, Regarding Educational Decisions:

If you are making a recommendation to limit the educational rights of one or more of the parents, or there are circumstances indicating that such a recommendation may be warranted in the future, state the reasons and/or circumstances. Refer to [0700-500.10](#), Youth Development: Education; [0600-520.00](#), Collaborating with Regional Center to Provide Services to Children/Youth; and [0100-570.08](#), The Care of Children Placed in a Licensed Foster Home, Relative/Non-Relative Extended Family Members Home or Small Family Home.

Are Transitional Independent Living Services Appropriate?

☐ Yes ☐ No. If No, explain below.

☐ There are behavior/health issues that impact TILP plans and services.
Explain:

☐ Child refuses services.
Explain: **Explain the circumstances surrounding the child's refusal to accept TILP services.**

HEALTH INFORMATION

Plan For Obtaining Missing Health Information / Attempts To Acquire:

If you have been unable to obtain the child's medical and/or dental records, document your efforts to do so here, including:

- **The date you submitted the DCFS 561(a) Medical Examination Form and/or DCFS 561(b) Dental Examination Form documents to medical service providers;**
- **Details of follow-up telephone calls and faxes;**
- **Details of any consultations with the DCFS Public Health Nurse and her/his efforts to obtain records.**

Medical Needs Specific To This Child:

Include details of any medical conditions requiring on-going treatment, a list of medications, and treatment plans.

CHDP OR ALTERNATIVE PREVENTIVE HEALTH SERVICES PLAN

Description:

Include the date of the last CHDP or CHDP-equivalent examination and the date the next examination is due.

PLACEMENT NEED CONSIDERATIONS

Child Strengths:

Child shows age-appropriate development

Child shows comfort in parent's presence

Both children have strong attachment to mother.

Medical care adequate

The children have no medical issues and have had annual physical examinations.

Behavioral Factors

Emotional Factors

Medical Conditions

Obesity

Other Physical Health
Condition

ADDITIONAL CONSIDERATIONS

The following additional factors or placement needs of the child have been considered

- | | | |
|--|---|---|
| <input type="checkbox"/> Education/School | <input type="checkbox"/> Siblings | <input type="checkbox"/> ICWA |
| <input type="checkbox"/> Re-Placement | <input type="checkbox"/> Social | <input type="checkbox"/> Racial |
| <input type="checkbox"/> Treatment Needs | <input type="checkbox"/> Language | <input type="checkbox"/> Cultural |
| <input type="checkbox"/> Proximity / Location | <input type="checkbox"/> Religion | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Relative Placement | <input type="checkbox"/> Runaway | <input type="checkbox"/> Protective Needs |
| <input type="checkbox"/> TILP / Vocational | <input type="checkbox"/> Juv. Justice Involvement | |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Pregnant/Parenting Minor | |
| <input type="checkbox"/> Other Considerations: | | |

PLACEMENT SELECTION

The type of placement will be selected for the child based on consideration of the child's needs and will consider the following: the least restrictive, most family-like environment including placement with siblings; the child's age, sex and cultural background, including ethnic and religious identification; planned parent/guardian-child contacts during the separation, and the specific actions to be taken by the parent(s)/guardian(s) which will facilitate reunification; appropriateness of attempting to maintain the child in his/her current school; the child's health and emotional factors; anticipated special needs of the child, including transportation, diet, clothing, recreation, and special education; and the capability of the care provider to meet the needs. If siblings not placed together/visiting, explain.

Child's Statement Regarding Placement: (WIC 399 requirement. Quoted or paraphrased.)

The child has a right to make a brief statement to the court making a decision on placement. This right applies to initial placement, continued placement, and returning to parental custody. Where possible, use verbatim statements.

Recommended Type Of Placement:

- ☐ Relative placement is appropriate to meet needs of child.
- ☐ Home has been approved for Foster Family Home certification pending licensure.
- ☐ Licensed Foster Family Home meets needs of child.
- ☐ Group Home placement is necessary to meet treatment needs. Group Home selected has a program that meets those treatment needs.
- ☐ Out of Home Group Home is certified or is on an authorized pending certification list.
- ☐ Group Home Certification Level 13-14 on file.

Rationale For Out-Of-County Placement:

If a child is placed outside of Los Angeles County, explain why.

Rationale For Out-Of-State Placement/Recommendation of Multidisciplinary Team:

If a child is placed or is recommended to be placed out-of-state, explain why.

Social Worker's Evaluation Of Child's Response / Adjustment To Placement / Comments, Including The Continuing Necessity For And Appropriateness Of The Placement:

Summarize the child's response and adjustment to placement using all the relevant information described above. Evaluate whether the current placement remains appropriate.